Agency Tracking ID:PGC2207076 Authorization Number:04273Z Successful Authorization -- Date Paid: 9/27/12 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1			APPROVED BY OMB 3060-059 ECIAL USE C USE ONLY
	SECTION A	- Payer Information		
			(3) TOTA	AL AMOUNT PAID (dollars and cents)
(2) PAYER NAME (if paying by cred Davis Wright Tremaine LL	our card)	\$1355.00		
(4) STREET ADDRESS LINE NO. 1	1			
1919 Pennsylvania Ave. N.	W.			
(5) STREET ADDRESS LINE NO. 2				
Suite 800				
(6) CITY		(7)	STATE	(8) ZIP CODE
Washington		Do	C	20006-3402
(9) DAYTIME TELEPHONE NUMB	ER (INCLUDING AREA CODE)	(10) COUNTRY	CODE (IF NO	T IN U.S.A.)
202-9734200		US		
FCC R	REGISTRATION NUMBER (FRN) AND	TAX IDENTIFICATION NUM	IBER (TIN) R	EQUIRED
(11) PAYER (FRN)		(12) FCC USE ONLY		
0004063681				
IF P.	AYER NAME AND THE APPLICANT N IF MORE THAN ONE APPLICANT, U	AME ARE DIFFERENT, CO SE CONTINUATION SHEET	MPLETE SEC S (FORM 159-	TION B
(13) APPLICANT NAME				
Comcast Cable Communic				
(14) STREET ADDRESS LINE NO.				
One Comcast Center (15) STREET ADDRESS LINE NO. 2	2			
1701 John F. Kennedy Bou				
(16) CITY	10141	(17)	STATE	(18) ZIP CODE
Philadelphia		PA		19103-2838
(19) DAYTIME TELEPHONE NUMI 215-2861700	BER (INCLUDING AREA CODE)	(20) COUNTRY US	CODE (IF NO	T IN U.S.A.)
FCC R	EGISTRATION NUMBER (FRN) AND	TAX IDENTIFICATION NUM	IBER (TIN) R	EQUIRED
(21) APPLICANT (FRN) 0004441663		(22) FCC USE ONLY		
	SECTION C FOR EACH SERVICE, IF M	ORE BOXES ARE NEEDED	USE CONTIN	NUATION SHEET
		(24A) Payment Type Code(ryment Type Code(PTC) (25A) Quantity TOC 1	
(26A) Fee Due for (PTC)	1,355.00	(27A) Total Fee	55.00	FCC Use Only
(28A) FCC CODE 1 Cibola(A) FCC CODE 2	Х	
(227) FOO O 11 C. (O.1 17)		(2(D) D C 1 (2	ama)	I kasay a sir
(23B) FCC Call Sign/Other ID		(24B) Payment Type Code(1	² 1C)	(25B) Quantity
(26B) Fee Due for (PTC)		(27B) Total Fee		FCC Use Only
(28B) FCC CODE 1	(29	B) FCC CODE 2		

Electronic Form 159 Page 1 of 1



Payment Confirmation

Your transaction has been approved. For your records, please note the following:

AGENCY TRACKING ID:

AUTHORIZATION NUMBER:

04273Z

AMOUNT PAID:

\$1,355.00

PGC2207076

PRINT FORM 159

CLOSE

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If you have any questions or concerns please contact your licensing system help desk.